



Authorization forms

Please sign and date each section of this form to indicate your consent for the following:

Emergency Treatment

Teachers and teacher assistants are trained in First Aid and CPR intervention. However, in the unlikely event of an accident or severe illness, it may be necessary for staff to obtain emergency health care or treatment for your child. Parents/guardians are responsible for the full cost of any treatment that is deemed necessary by staff of St. Josaphat's Sadochok.

I _____ **authorize the staff of St. Josaphat's Sadochok to obtain emergency health care treatment, at my expense, for my child** _____ **(name), as may be deemed necessary.**

Signature of Parent/Guardian

Date

Off-Site Outing

As part of the St. Josaphat's programming, teachers may take the children out of the school building to visit the community park, take a walk to explore nature or in the immediate neighbourhood, and other such outings. This authorization does not include field trips beyond the immediate neighbourhood or trips that require vehicular transportation. A separate authorization is required for major field trips off-site.

I _____ **hereby grant permission for my child** _____ **(name) to participate in any outings in the local community surrounding St. Josaphat's Sadochok, under the supervision of the teacher and/or teacher's assistant.**

Signature of Parent/Guardian

Date

Transportation

I _____ hereby grant permission for my child _____ (name) to be transferred under the supervision of the teacher and/or teacher assistant and/or lunch supervisor within St. Matthew's School premises as follows

_____ from **Sadochok** premises to the **School Bus** or older sibling classroom
(for children attending afternoon program at Sadochok)

_____ from **Sadochok** Lunch program to **100 voices/Kindergarten** classroom
(for children attending morning program at Sadochok)

_____ from **100 voices/Kindergarten classroom** to **Sadochok** Lunch program
(for children attending morning program at Sadochok)

Signature of Parent/Guardian

Date

FOIP

The Alberta Freedom of Information and Protection of Privacy Act (FOIP) has been in effect for all school divisions since September 1, 1998. FOIP requires that parents give permission for the collection and use of their child's personal information by schools. All information placed in a student's record will be protected and used in compliance with FOIP. FOIP also includes many activities that are part of the normal operation of a playschool.

FOIP - Related Playschool Activities List

	Item	Description
1	Communications	The use of the student's name and/or photos or video in a school calendar, newsletter, graduation book, concert program, or other school publication/communication.
2	School Purposes	The taking and use of individual, class, team, club or school videos/photos within the school community for school purposes.
3	Student Work	The use of the student's name on artwork, written material, or other creative work/material to be displayed at school, other school board sites, or school displays in the community.
4	Lists	The use within the school of the student's name on class lists, graduation ceremonies, concerts, and other events.
5	Birthdays	The use of the student's name for birthday recognition purposes.
6	Media	The taking of photos/videos of classroom or school activities, and their use by the media where students are not identified by name. (Before the media identifies an individual student, a separate media consent form must be completed by the parent/guardian).
7	Other	Other similar activities within the school community.

Please indicate your consent for St. Josaphat's Sadochok to use your child's information for the purposes of items in the *FOIP-Related Activities List*:

I _____ hereby consent to the collection and use of **ALL** information pertaining to my child as listed and described in the *FOIP-Related Playschool Activities List*.

OR

I _____ hereby consent to the collection and use of the information of my child as listed and described in the *FOIP-Related Playschool Activities List* **EXCEPT for the following items:**

Item #: _____ My Concern: _____
Item #: _____ My Concern: _____
Item #: _____ My Concern: _____
Item #: _____ My Concern: _____

Full Name of Student

Signature of Parent/Guardian

Date